

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | | | | | | |
|---|-----------------------------------|----|---|---|---|-----------------------|--|----------|--|---|---|----|---|---|---|---|
| 1 Date of Request: 08/15/06 | | | | 2 Serial/Patent # 10/039,280 | | | | | | | | | | | | |
| 3 Please refund the following fee(s): | | | | 4 PAPER NUMBER | | 5 DATE FILED | | 6 AMOUNT | | | | | | | | |
| | Filing | | | | | | | \$ | | | | | | | | |
| | Amendment | | | | | | | \$ | | | | | | | | |
| | Extension of Time | | | | | | | \$ | | | | | | | | |
| | Notice of Appeal/Appeal | | | | | | | \$ | | | | | | | | |
| | Petition | | | | | | | \$ | | | | | | | | |
| | Issue | | | | | | | \$ | | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | | | | | \$ | | | | | | | | |
| | Maintenance | | | | | | | \$ | | | | | | | | |
| | Assignment | | | | | | | \$ | | | | | | | | |
| X | Other - Surcharge | | | | | 06/29/05 | | \$ 65.00 | | | | | | | | |
| | | | | 7 TOTAL AMOUNT OF REFUND | | \$ 65.00 | | | | | | | | | | |
| | | | | 8 TO BE REFUNDED BY: | | | | | | | | | | | | |
| 10 REASON: | | | | Treasury Check | | | | | | | | | | | | |
| | Overpayment | | | X | | Credit Deposit A/C #: | | | | | | | | | | |
| | Duplicate Payment | | | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">0</td> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> </tr> </table> | | | | | | 0 | 6 | -- | 1 | 0 | 5 | 0 |
| 0 | 6 | -- | 1 | 0 | 5 | 0 | | | | | | | | | | |
| X | No Fee Due (Explanation): | | | | | | | | | | | | | | | |
| Surcharge was previously paid on 3/15/02 in reply to a Notice to File Missing Parts | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | | | | | | |
| TYPED/PRINTED NAME: Frances Hicks | | | | TITLE: Petitions Examiner | | | | | | | | | | | | |
| SIGNATURE: <i>Frances Hicks</i> | | | | PHONE: Ext. 23218 | | | | | | | | | | | | |
| OFFICE: Office of Petitions | | | | | | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | | | | | | |
| APPROVED: <i>CKH/K</i> | | | | DATE: 8/16/06 | | | | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: